

12-16-15 PM02:25

Fill in this information to identify your case:

Debtor 1	Lesa Ann Nash	
	First Name	Middle Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: District of Rhode Island		
Case number	Lesa Ann Nash 1:15-bk-12127 (if known)	

Check if this is an
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

- | | |
|---|------------|
| 1. Schedule A/B: Property (Official Form 106A/B) | \$ 221,000 |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ 7,525 |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ 228,525 |

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

- | | |
|---|------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 19,075 |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 0 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$ 6,888 |

Your total liabilities

Part 3: Summarize Your Income and Expenses

- | | |
|---|----------|
| 4. Schedule I: Your Income (Official Form 106I) | \$ 2,840 |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | |
| 5. Schedule J: Your Expenses (Official Form 106J) | \$ 2,435 |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | |

Debtor 1 Lesa Ann Nash
First Name _____ Middle Name _____ Last Name _____

Case number (*if known*) Lesa Ann Nash 1:15-bk-12127

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,875

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ <u>0</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0</u>

Debtor 1 **Lesa Ann Nash**
 First Name Middle Name Last Name

Case number (if known) **1:15-bk-12127**

Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	---	---

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number	Street
--------	--------

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number	Street
--------	--------

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

Creditor's Name _____

Number	Street
--------	--------

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here: \$ 19,075

Debtor 1 **Lesa Ann Nash**
First Name Middle Name Last Name

Case number (if known) 1:15-bk-12127

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name _____ Number Street _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number Street _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number Street _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number Street _____	On which line in Part 1 did you enter the creditor? <u>3374</u> Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number Street _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/>	Name _____ Number Street _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____

Fill in this information to identify your case:		
Debtor 1	Lesa Ann Nash	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
United States Bankruptcy Court for the: District of Rhode Island		
Case number (if known)	1:15-bk-12127	

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
- Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	Priority Creditor's Name	Last 4 digits of account number	\$	\$
	Number Street	When was the debt incurred? _____		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

2.2	Priority Creditor's Name	Last 4 digits of account number	\$	\$
	Number Street	When was the debt incurred? _____		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Debtor 1 Lesa Ann Nash
 First Name Middle Name Last Name

Case number (if known) 1:15-bk-12127

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
<input type="checkbox"/>	Last 4 digits of account number _____	\$ _____	\$ _____
Priority Creditor's Name _____	When was the debt incurred? _____	As of the date you file, the claim is: Check all that apply.	
Number Street _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City _____ State _____ ZIP Code _____	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/>	Last 4 digits of account number _____	\$ _____	\$ _____
Priority Creditor's Name _____	When was the debt incurred? _____	As of the date you file, the claim is: Check all that apply.	
Number Street _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City _____ State _____ ZIP Code _____	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/>	Last 4 digits of account number _____	\$ _____	\$ _____
Priority Creditor's Name _____	When was the debt incurred? _____	As of the date you file, the claim is: Check all that apply.	
Number Street _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City _____ State _____ ZIP Code _____	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Lesa Ann Nash
 First Name Middle Name Last Name

Case number (if known) 1:15-bk-12127

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Bank of America
 Nonpriority Creditor's Name
 PO Box 27025
 Number Street
 Richmond, VA 23261
 City State ZIP Code

Last 4 digits of account number NA

Total claim

\$ 700

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.2 National Grid
 Nonpriority Creditor's Name
 PO Box 960
 Number Street
 Northborough, MA 01532
 City State ZIP Code

Last 4 digits of account number 7021

\$ 2115

When was the debt incurred? 2014-15

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.3 Nonpriority Creditor's Name
 Number Street
 City State ZIP Code

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Dec 16, 2015
Jeanne French

Debtor 1

Lesa Ann Nash

First Name Middle Name

Last Name

Case number (if known) 1:15-bk-12127

Part 2:

Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>
	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>
	<p>Nonpriority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>

Debtor 1

Lesa Ann Nash

First Name Middle Name

Last Name

Case number (if known) 1:15-bk-12127

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Debtor 1

Lesa Ann Nash

First Name Middle Name

Last Name

Case number (if known) 1:15-bk-12127

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

	Total claim
6a. Domestic support obligations	6a. \$ 0
6b. Taxes and certain other debts you owe the government	6b. \$ 0
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0
6e. Total. Add lines 6a through 6d.	6e. \$ 0

Total claims from Part 2

	Total claim
6f. Student loans	6f. \$ 0
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 6,888
6j. Total. Add lines 6f through 6i.	6j. \$ 6,888

Fill in this information to identify your case:

Debtor 1 First Name _____ Middle Name _____ Last Name _____		
Debtor 2 (Spouse, if filing) First Name _____ Middle Name _____ Last Name _____		
United States Bankruptcy Court for the: District of Rhode Island		
Case number (if known) 1:15-bk-12127		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:
 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

	<input checked="" type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> Yes. Fill out this information for each dependent.....	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do not state the dependents' names.		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Your expenses	
4.	\$ 1306
4a.	\$ 21
4b.	\$
4c.	\$ 50
4d.	\$ 8

Debtor 1 Lesa Ann Nash

First Name Middle Name Last Name

Case number (if known) 1:15-bk-12127

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ _____

6. Utilities:

6a. \$ _____ 200

6b. \$ _____

6c. \$ _____ 200

6d. \$ _____

7. \$ _____ 350

7. Food and housekeeping supplies

8. \$ _____

9. \$ _____ 50

10. Personal care products and services

10. \$ _____ 65

11. Medical and dental expenses

11. \$ _____

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ _____ 125

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ _____

14. Charitable contributions and religious donations

14. \$ _____

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ _____

15b. \$ _____

15c. \$ _____ 60

15d. \$ _____

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: 16. \$ _____

17. Installment or lease payments:

17a. \$ _____

17b. \$ _____

17c. \$ _____

17d. \$ _____

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ _____

19. Other payments you make to support others who do not live with you.

Specify: 19. \$ _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. \$ _____

20b. \$ _____

20c. \$ _____

20d. \$ _____

20e. \$ _____

Debtor 1 **Lesa Ann Nash**
First Name Middle Name Last Name

Case number (if known) **1:15-bk-12127**

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ **2435**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ **2435**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ **2840**

23b. Copy your monthly expenses from line 22c above.

23b. -\$ **2435**

23c. Subtract your monthly expenses from your monthly income.

23c. \$ **405**

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: I have a family member who has committed to assist me if I should need additional expenses for any unforeseen problems

*Lesa Ann Nash
All new information
Dec 16, 2015*

UNITED STATES BANKRUPTCY COURT
DISTRICT OF RHODE ISLAND

IN RE: (case name)
Debtor: Lesa Ann Nash

Case No. 1:15-bk-12127
Chapter 13

CERTIFICATION

I hereby certify that on the 16th day of December 2015, parties defined below, received a copy of the following documents, Amended Schedule F and ~~Chap 13 Plan~~ relating to the above referenced Case were served on the following interested parties regular mail via USPS.

National Grid
PO Box 960
Northborough, MA 01532

Bank of America
PO Box 27025
Richmond, VA 23261


Lesa Nash, Debtor
December 16, 2015

RCS- Residential Credit Services
PO Box 650090
Dallas, TX 75265